

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **54**

**FILED FEB 7 1951**

BIRTH NO. _____		REG. DIST. NO. <b>10</b>		PRIMARY REG. DIST. NO. <b>3022</b>		Registrar's No. <b>13</b>	
1. PLACE OF DEATH a. COUNTY <b>Audrain</b> b. CITY (If outside corporate limits, write RURAL and give township) <b>MEXICO</b> c. LENGTH OF STAY (In this place) <b>4 days</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Audrain County Hosp</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b> c. CITY (If outside corporate limits, write RURAL and give township) <b>MEXICO</b> d. STREET ADDRESS (If rural, give location) <b>922 W. Monroe</b>			
3. NAME OF DECEASED (Type or Print) <b>CYRENIUS</b>		a. (First) <b>CYRENIUS</b>		b. (Middle) <b>-</b>		c. (Last) <b>BARNES</b>	
4. DATE OF DEATH <b>JAN 26 1951</b>		5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>FEB 15 1862</b>		9. AGE (In years last birthday) <b>88</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		11. BIRTHPLACE (State or foreign country) <b>Audrain Co. Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>CYRENIUS BARNES</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH BAKER</b>		14. NAME OF HUSBAND OR WIFE <b>Wm. Allen Barnes</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>-</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Wm. Allen Barnes</b>		ADDRESS <b>Mexico</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myocarditis, chronic with cardiac failure</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>-</b> DUE TO (c) <b>-</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pneumonia rt lung since 10 days</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b> <b>42.22</b> <b>10 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Oct. 26, 1946</b> , to <b>Jan 26, 1951</b> , that I last saw the deceased alive on <b>Jan 26, 1951</b> , and that death occurred at <b>6:37 a. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>W. Hallenbach</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Mexico, Mo</b>		23c. DATE SIGNED <b>Jan 26, 1951</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>1-27-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ELMWOOD Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>MEXICO, MO</b>	
DATE REC'D BY LOCAL REG. <b>Jan 27-1951</b>		REGISTRAR'S SIGNATURE <b>Blanche Keely</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Chas Arnold, Jr</b>		ADDRESS <b>Mexico</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0430

OCT 19 1954

Date Received: FEB 5 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 2-511 280  
Date Filed: FEB 6 1951

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by\_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed Charles V. Greening

Licensed Embalmer No. 4625

P. O. Address Mexico MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.